

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024987

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6297

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY - - -

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis, Missouri

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Deaconess Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mass. b. COUNTY Suffolk

c. CITY

OR TOWN Dorchester

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

160 Savin Hill Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Melville

Middle

Francis

Last

Mulligan, Sr. June 24, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-11-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman (ret.)

10b. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (City and state or country)

Quebec City, Canada

12. CITIZEN OF WHAT COUNTRY

U.S.A. (NAT.)

13a. FATHER'S NAME

Joseph A. Mulligan

13b. MOTHER'S MAIDEN NAME

Mary E. Berry

14. NAME OF HUSBAND OR WIFE

Myrtle E. Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Dorchester, Mass.

Myrtle E. Mulligan 160 Savin Hill Ave.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Approx 2-2 1/2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary occlusion

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1:50 AM, June 23, 1962, to June 24, 1962 and last saw him alive on June 24, 1962

Death occurred at 6:05 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

S. E. Smith, M.D.

(Degree or title)

22b. ADDRESS

325 N. Knickerbocker Rd. Knickerbocker, Mass.

22c. DATE SIGNED

6/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal-Rail

23b. DATE

6-26-62

23c. NAME OF CEMETERY OR CREMATORY

HOFFMEISTER COLONIAL MORTUARY

SAM

23d. LOCATION (City, town, or county)

N. Andover, Mass.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUN 25 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Dr. George Smith
325 N. Kirkwood
YO. 5-7265

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Denny

Licensed Embalmer No. 4199

P. O. Address St. Louis, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1:00 to 5:00